

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 20, 2011

Electronic Signature for Thomas M. Finetti: /Thomas M. Finetti/

Docket No.: REGIM 3.3-085
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tazi et al.

Application No.: 10/570,849

Confirmation No.: 7384

Filed: March 6, 2006

Art Unit: 1628

For: USE OF INDOLE-DERIVED COMPOUNDS
FOR THE PREPARATION OF A
MEDICAMENT THAT CAN BE USED TO
TREAT DISEASES RELATED TO THE
SPLICING PROCESS

Examiner: R. T. Shiao

REQUEST TO CORRECT INVENTORSHIP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant 37 C.F.R. § 1.48(a), it is respectfully requested that the inventorship in the above-referenced patent application be amended in accordance with the Supplemental Application Data Sheet submitted herewith. The inventors being added are Christian Rivalle, Emile Bisagni, and Chi Hung Nguyen.

The inventorship error occurred without deceptive intention on the part of the added inventors.

To comply with the requirements set forth in C.F.R. §1.48(a) this Petition is also accompanied by:

- (a) A statement from each person being added as an inventor indicating that the error occurred without deceptive intent on his/her part (1.48(a)(2)); and
- (b) An oath or declaration by the inventors (1.48(a)(3)).

Applicants submit that an assignment is being filed concurrently with this Request to Correct Inventorship. Since no assignment has been previously executed, the written consent of the assignees, according to C.F.R. Section 1.48(a)(5), is not required.

Please charge the processing fee of \$130.00 set forth in 37 C.F.R. § 1.17(q) and any other fee which may be due in connection with this Request to Deposit Account No. 12-1095.

Dated: June 20, 2011

Respectfully submitted,

Electronic signature:
/Thomas M. Finetti/
Thomas M. Finetti
Registration No.: 61,881
LERNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP
600 South Avenue West
Westfield, New Jersey 07090
(908) 654-5000
Attorney for Applicant

Docket No.: REGIM 3.3-085
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tazi et al.

Application No.: 10/570,849

Confirmation No.: 7384

Filed: March 6, 2006

Art Unit: 1761

For: USE OF INDOLE-DERIVED COMPOUNDS
FOR THE PREPARATION OF A
MEDICAMENT THAT CAN BE USED TO
TREAT DISEASES RELATED TO THE
SPLICING PROCESS

Examiner: Not Yet
Assigned

STATEMENT PURSUANT TO 37 C.F.R. § 1.48(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This statement is being provided by the undersigned in support of the Petition to amend inventorship of the captioned U.S. Patent Application.

I hereby state that the inventorship error occurred without any deceptive intention on my part.

Dated: 08/10/2007

By _____
Christian Rivalle



Docket No.: REGIM 3.3-085
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tazi et al.

Application No.: 10/570,849

Confirmation No.: 7384

Filed: March 6, 2006

Art Unit: 1761

For: USE OF INDOLE-DERIVED COMPOUNDS
FOR THE PREPARATION OF A
MEDICAMENT THAT CAN BE USED TO
TREAT DISEASES RELATED TO THE
SPLICING PROCESS

Examiner: Not Yet
Assigned

STATEMENT PURSUANT TO 37 C.F.R. § 1.48(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This statement is being provided by the undersigned in support of the Petition to amend inventorship of the captioned U.S. Patent Application.

I hereby state that the inventorship error occurred without any deceptive intention on my part.

Dated: 9/10/2007

By _____
Emile Bisagni



Docket No.: REGIM 3.3-085
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tazi et al.

Application No.: 10/570,849

Confirmation No.: 7384

Filed: March 6, 2006

Art Unit: 1761

For: USE OF INDOLE-DERIVED COMPOUNDS
FOR THE PREPARATION OF A
MEDICAMENT THAT CAN BE USED TO
TREAT DISEASES RELATED TO THE
SPLICING PROCESS

Examiner: Not Yet
Assigned

STATEMENT PURSUANT TO 37 C.F.R. § 1.48(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This statement is being provided by the undersigned in support of the Petition to amend inventorship of the captioned U.S. Patent Application.

I hereby state that the inventorship error occurred without any deceptive intention on my part.

Dated: 08 October 2007

By _____
Chi Hung Nguyen



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Jamal TAZI

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**USE OF INDOLE-DERIVED COMPOUNDS FOR THE PREPARATION OF A MEDICAMENT
THAT CAN BE USED TO TREAT DISEASES RELATED TO THE SPLICING PROCESS**

(Title of the invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **09/06/2004** as United States Application Number or PCT International

Application No. **PCT/FR2004/002261** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0310460	FRANCE	09/04/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0400973	FRANCE	02/02/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Customer Number 000530

Direct all correspondence to:

Customer Number
or Bar Code Label

000530

OR ☐

Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



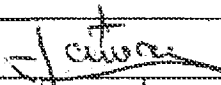
A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Jamal

Family Name
or Surname

TAZI

Inventor's
Signature

Date

09-03-06

Residence: City: CLAPIERS

State

Country: FRANCE

Citizenship: French

Mailing
Address:

4, rue Condorcet, 34830 CLAPIERS - FRANCE

City: CLAPIERS

State

ZIP: 34830

Country: FRANCE

NAME OF SECOND INVENTOR:



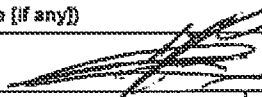
A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Johann

Family Name
or Surname

SORET

Inventor's
Signature

Date

09/03/06

Residence: City: TEYRAN

State

Country: FRANCE

Citizenship: French

Mailing
Address:

5, Chemin des Lauzières, 34820 TEYRAN - FRANCE

City:

State

ZIP:

Country:

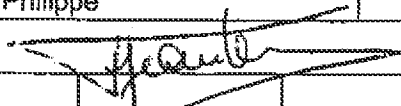
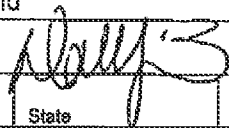


Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

1.D-537-

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page ____ of ____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Philippe		JEANTEUR	
Inventor's Signature		Date	
		March 15th 2006	
Residence: City: MONTFERRIER		State: _____ Country: FRANCE	
Citizenship: French			
Mailing Address: 16, Chemin du Rapatel, 34980 MONTFERRIER - FRANCE			
City: MONTFERRIER		Country: FRANCE	
State: _____		Zip: 34980	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David		GRIERSON	
Inventor's Signature		Date	
		March 15, 2006	
Residence: City: VERSAILLES		State: _____ Country: FRANCE	
Citizenship: Canadian			
Mailing Address: 2, rue Gabriel, 78000 VERSAILLES - FRANCE			
City: VERSAILLES		Country: FRANCE	
State: _____		Zip: 78000	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address:			
City		Country	
State		Zip	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address:			
City		Country	
State		Zip	

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0891-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Customer Number 000530

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label	000530	OR	<input type="checkbox"/> Correspondence address below
-------------------------------	---	--------	----	---

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Jamal

Family Name
or Surname

Tazi

Inventor's
Signature

Date

Residence: City

Clapiers

State

Country

France

Citizenship

France

Mailing
Address:

4, rue Condorcet

City

Clapiers

State

ZIP

F-34830

Country

France

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Johann

Family Name
or Surname

Soret

Inventor's
Signature

Date

Residence: City

Teyran

State

Country

France

Citizenship

France

Mailing
Address:

5, chemin des Lauzières

City

Teyran

State

ZIP

F-34820

Country

France



Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/5802A attached hereto.

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet		Page 1 of 2	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Philippe				Jeanteur			
Inventor's Signature				Date			
Montferrier		State		France		France	
Residence: City		State		Country		Citizenship	
Mailing Address:		16, chemin du Rapatel					
Montferrier		State		F-34980		France	
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David				Grierson			
Inventor's Signature				Date			
Versailles		State		France		Canada	
Residence: City		State		Country		Citizenship	
Mailing Address:		2, rue Gabriel					
Versailles		State		F-78000		France	
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Christian				Rivallé			
Inventor's Signature				Date			
Paris		State		France		France	
Residence: City		State		Country		Citizenship	
Mailing Address:		75, rue Saint-Charles					
Paris		State		75015		France	
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Emile				Bisagni			
Inventor's Signature				Date			
Orsay		State		France		France	
Residence: City		State		Country		Citizenship	
Mailing Address:		16, rue Bossuet					
Orsay		State		91400		France	
City		State		Zip		Country	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page 2 of 2	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Chi Hung		Nguyen	
Inventor's Signature		Date	
		08 June 2011	
Residence: City	State	Country	Citizenship
Antony		France	France
Mailing Address: 96, Avenue du President JF Kennedy			
City	State	Zip	Country
Antony		92160	France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country